

CLAIMS ONLY

Application Number

" Filing Date

Applicant(s)

* May be used for additlional claims or amendments

CLAIMS	AS FILED 9/5/06		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
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48		1				
49		1				
50		1				
Total Indep	2					
Total Depend	8					
Total Claims	10					

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	Indep	Depend	Indep	Depend	Indep	Depend
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Indep						
Total						
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Total						
Claims						